

Bureau of Professional Licensing PO Box 30670 ● Lansing, MI 48909 (517) 241-0560

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## DENTISTRY – CLINICAL LIMITED CERTIFICATION OF APPOINTMENT TO AN ACADEMIC POSITION

Authority: 1978 PA 368

Name (First, Middle, Last)		10-Digit MI Permanent ID/License Number
Hospital Name		
Hospital Street Address		
City	State	Zip Code
Program Name	,	Program Start Date
Choose One:		
I am continuing my academic appointment in the same program at the same location.		
I am continuing my academic appointment, but will transfer to a new hospital and/or program as indicated above.		
Signature of Director of Medical Education		Date